

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven M. Ravid
Clerk of the Appellate Court
First Judicial District
160 N. LaSalle St., Rm. S1400
Chicago, IL 60601

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

BERNARDSON 7-17-99

C. Signature

X *[Signature]* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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02-0365

PS Form 3811, July 1999

Domestic Return Receipt

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UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
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• Sender: Please print your name, address, and ZIP+4 in this box •

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COMMERCE COMMISSION

JUN 21 P 155

CHIEF CLERK'S OFFICE

Illinois Commerce Commission
507 East Capitol Avenue
Springfield, Illinois 62701

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